

# Foster Family Home - Deficiency Report

Provider ID: 1-150010

Home Name: Venus Balinbin, CNA

Review ID: 1-150010-19

1538 Mahie Place

Reviewer: Ryan Nakamura

Honolulu

HI

96818

Begin Date: 4/1/2025

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

4/1/25  
\_\_\_\_\_  
Date  
4/1/25  
\_\_\_\_\_  
Date